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PTO/SB/05 (08-00)

Approved for use through 10/31/2002 OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 03405.0181/1

First Inventor or Application Identifier John M. Hibscher

Title SYSTEM FOR ONLINE CREATION, PLAYING AND
ADMINISTERING OF USER DEFINED PUZZLES

Express Mail Label No. EL684657475US

09/741564
12/18/00

APPLICATION ELEMENTS		ADDRESS TO	
See MPEP chapter 600 concerning design patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 26] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b)Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other:			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 9] 5. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)
 Prior application information: Examiner _____ of prior application No. _____ /
 Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		25541		or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)	
Name					
Address					
City	State		Zip Code		
Country	Telephone		Fax		
Name (Print/Type)	Michael A. Carrillo		Registration No. (Attorney/Agent)	44,595	
Signature			Date	December 18, 2000	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 355)

Complete if Known

Application Number	
Filing Date	concurrent herewith
First Named Inventor	John M Hibscher
Examiner Name	
Group / Art Unit	
Attorney Docket No.	03405.0181/1



METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number
011,156Deposit Account Name
Altheimer & Gray

- Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other Order

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201	355	Utility filing fee	355
106 320	206	160	Design filing fee	
107 490	207	245	Plant filing fee	
108 710	208	355	Reissue filing fee	
114 150	214	75	Provisional filing fee	

SUBTOTAL (1)

(\$ 355)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
i3	-20** = 0	X 0	= 0
2	-3** = 0	X 0	= 0
		X 0	= 0

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203	9	Claims in excess of 20
102 80	202	40	Independent claims in excess of 3
104 270	204	135	Multiple dependent claim, if not paid
109 80	209	40	** Reissue independent claims over original patent
110 18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205	65	Surcharge - late filing fee or oath	
127 50	227	25	Surcharge - late provisional filing fee or cover sheet	
139 130	139	130	Non-English specification	
147 2,520	147	2,520	For filing a request for reexamination	
112 920*	112	920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115 110	215	55	Extension for reply within first month	
116 390	216	195	Extension for reply within second month	
117 890	217	445	Extension for reply within third month	
118 1,390	218	695	Extension for reply within fourth month	
128 1,890	228	945	Extension for reply within fifth month	
119 310	219	155	Notice of Appeal	
120 310	220	155	Filing a brief in support of an appeal	
121 270	221	135	Request for oral hearing	
138 1,510	138	1,510	Petition to institute a public use proceeding	
140 110	240	55	Petition to revive – unavoidable	
141 1,240	241	620	Petition to revive – unintentional	
142 1,240	242	620	Utility issue fee (or reissue)	
143 440	243	220	Design issue fee	
144 600	244	300	Plant issue fee	
122 130	122	130	Petitions to the Commissioner	
123 50	123	50	Petitions related to provisional applications	
126 240	126	240	Submission of Information Disclosure Stmt	
581 40	581	40	Recording each patent assignment per property (times number of properties)	
146 710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279	355	Request for Continued Examination (RCE)	
169 900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Carrillo	Registration No. Attorney/Agent)	44,595	Telephone	(312) 715-4736
Signature				Date	December 18, 2000

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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